

## UNIVERSITY OF HAWAII

### STUDENT FELLOWSHIP/TRAINESHIP/STIPEND INITIAL PAYMENT REQUEST

(Shaded items represent information to be completed by Disbursing. See instructions.)

**Document Number**

**F** \_\_\_\_\_

**WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.**

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service.

A. Does this payment require the recipient to perform certain special services outside of his/her study?  Yes  No

B. If above answer is "yes", are the services required for all students in this field of study?  Yes  No

Description of Award:

Grant Number: \_\_\_\_\_ Grant Title: \_\_\_\_\_

Total Amount to be Paid: \$ \_\_\_\_\_ Award Period: \_\_\_\_\_ to \_\_\_\_\_

PAYEE'S NAME (Last name, First name, Middle Initial)

Social Security Number

PAYEE'S PERMANENT MAILING ADDRESS

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEPARTMENT

VOUCHER NUMBER

VENDOR CODE

**ACCOUNT CODE**

**SUBCODE**

**TYPE**

**P/F/N**

**AMOUNT**

9



Total

\$

PREPARED BY: \_\_\_\_\_  
PROJECT DIRECTOR DATE

APPROVED BY: \_\_\_\_\_  
DEAN/DIRECTOR DATE

\_\_\_\_\_  
FISCAL OFFICER DATE

\_\_\_\_\_  
FO CODE

NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.